



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Sentrix Pharmacy and Discount, L.L.C.

Respondent Name

Texas Association of Counties RMP

MFDR Tracking Number

M4-16-3414-01

Carrier's Austin Representative

Box Number 1

MFDR Date Received

July 12, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The insurance carrier, York Risk Services, failed to take final action within the 45-day period set forth in TAC §134.240. Specifically the claim was submitted on 1/5/16 and it was received by the provider on 1/8/16 ... and no action was taken on the claim. Sentrix resubmitted the bills for reconsideration on 3/1/16 and it was received by the provider on 3/4/16 ... Again, no action was taken on the claim."

Amount in Dispute: \$12,607.46

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "... the carrier has no record of receipt of the bill for services in the amount of \$12,607.46 until this MDR request was received on 7-9-2016."

Response Submitted by: Parker and Associates, L.L.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 4, 2016	Pharmacy Services (Compound)	\$12,607.46	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §102.4 sets out the requirements for communication between the provider and insurance carrier.
3. 28 Texas Administrative Code §133.20 sets out the procedures for submitting a medical bill.
4. Texas Labor Code §408.027 addresses the reimbursement of health care providers.
5. Submitted documentation does not include explanations of benefits presented to the requestor prior to the

request for medical fee dispute resolution for the services in question.

Issues

Did Sentrix Pharmacy and Discount, L.L.C. (Sentrix) submit a pharmacy bill to Texas Association of Counties RMP (TACRMP) in accordance with 28 Texas Administrative Code §133.20?

Findings

Sentrix is seeking reimbursement of \$12,607.46 for a compound dispensed on date of service January 4, 2016 with a dispensing fee of \$15.00 and the following ingredients:

- Propylene, NDC 38779051001, 12.0 ml
- Gabapentin 15%, NDC 38779246108, 36.0 gm
- Fluticasone Propionate 1%, NDC 38779276004, 2.4 gm
- Methyl Salicylate 3%, NDC 51927114000, 7.2 gm
- Pracasil Plus-Base AWP Cream, NDC 51927465500, 170.4 gm
- Naproxen 5%, NDC 62991290401, 12.0 gm

Sentrix contends that York Risk Services, an agent of TACRMP “failed to take final action within the 45-day period set forth in TAC §133.240.” In contrast, Parker and Associates, L.L.C. argued in its position statement on behalf of TACRMP that:

... [T]he carrier has no record of receipt of the bill for services in the amount of \$12,607.46 until this MDR request was received on 7-19-2016 ... [C]arrier’s records show that two sets of Statements of Pharmacy services totaling \$2,289.71 each is what the carrier received, rather than one set of Statements of Pharmacy Services totaling \$2,289.71 and another set totaling \$12,607.46.

28 Texas Administrative Code §133.20 requires that

- (a) The health care provider shall submit all medical bills to the insurance carrier except when billing the employer in accordance with subsection (j) of this section.
- (b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided...

Sentrix must, therefore, demonstrate that it submitted the pharmaceutical bill in question in accordance with 28 Texas Administrative Code §133.20. The following evidence was submitted to support that the pharmaceutical bill for the service in dispute was submitted by Sentrix on March 1, 2016:

- A Form DWC066 pharmacy bill indicating the compound in question with an assigned prescription number.
- A copy of a USPS certified mail receipt with tracking number 9414 8118 9956 3180 4851 61, postmarked March 1, 2016. The receipt indicated that the package included the same assigned prescription number.
- A USPS tracking document indicating that USPS tracking number 9414 8118 9956 3180 4851 61 was accepted at the USPS Origin Facility on March 1, 2016.

28 Texas Administrative Code §102.4(h) states:

- (h) **Unless the great weight of evidence indicates otherwise** [emphasis added], written communications shall be deemed to have been sent on:
 - (1) the date received, if sent by fax, personal delivery or electronic transmission or,
 - (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.

Parker and Associates provided the following evidence to support that the pharmaceutical bill in question was not submitted to TACRMP: A screen print from MyMatrixx, agent of TACRMP, showing that the prescriptions received as of March 10 did not include the assigned prescription number in question.

The Division finds that the great weight of evidence presented by Parker and Associates, L.L.C. supports that Satrix did not submit a pharmacy bill to TACRMP in accordance with 28 Texas Administrative Code §133.20. No reimbursement is recommended for this service.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	Laurie Garnes	March 8, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.